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ABSTRACT

The Head Start Health Coordinator's Task Force (HCTF) was charged to study and make recommendations to strengthen Head Start's health component, which is a vital part of the child development program. Since its inception in 1965, Head Start has served over 12 million economically disadvantaged children. Through the health component, children have received medical and dental screenings, physical examinations, immunizations, mental health services, nutrition assessments, meals, and other services. The HCTF had 24 members representing all Head Start components. The task force's objectives are detailed, and job descriptions and "career paths" for HCTF staff are included. Appendices include a listing of HCTF members, job elements for various positions, and a table of qualifications and educational preparation for the position of Health Coordinator. (BGC)

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Head Start Health Coordinators' Task Force Report

PS 024211

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HEAD START

HEALTH COORDINATORS' TASK FORCE REPORT

JULY, 1990

ACKNOWLEDGEMENTS

This report represents the collaborative efforts of many individuals who care about the health and safety of children in Head Start programs.

Special appreciation goes to members of the workgroup who met to develop the Head Start Health Coordinators' Task force Objectives. In addition to Task force representatives this group included Jean Kajikawa, R.N., M.P.H., Terri Lewis, Jolene Fastbender and Mildred Nickens.

The work of the Task force was greatly assisted by the many individuals and Head Start programs around the country who participated in focus groups to address the Task force objectives and share their recommendations with us.

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Finally, our sincere thanks go to all of the individuals who reviewed and commented on the draft Health Coordinators' Task force report.

HEAD START

HEALTH COORDINATORS' TASK FORCE

EXECUTIVE SUMMARY

JULY, 1990

Head Start Health Coordinators' Task Force
Executive Summary

The Head Start Health Coordinators' Task Force (HCTF) was charged to study and make recommendations to strengthen Head Start's health component. The Task Force took on this charge by addressing three objectives: to support competency in the performance of all health component staff; to integrate health into all Head Start program components; and to measure the quality of the health component.

In supporting competency in the performance of all health component staff, the HCTF recommends the development of minimum qualifications for all health component jobs; a four level health component career path; and minimum health component staffing patterns based on Head Start program size.

The basic underlying concern guiding each of the Task Force's recommendations on health component staff was what was best for every Head Start child regardless of the organization, size or location of the Head Start program. Our recommendations took into account all of the health performance standards to be met by all Head Start programs on behalf of every Head Start child within time periods ranging from 10 months for full year programs to less than 3 months for some migrant Head Start programs.

Throughout the country there are wide variations in Head Start program health components. Each program individually determines the health component job qualifications and staffing patterns necessary for the achievement of the health performance standards. Depending on program organization, the health coordinator can be administratively responsible for all discipline areas in the health component (medical, dental, nutrition and mental health) or may only be responsible for medical/dental disciplines in programs where nutrition and mental health coordinators carry responsibilities for these discipline areas.

Looking at competency in health staff required review of the many functional tasks performed by health component staff, regardless of the Head Start program's organization or staffing pattern. The Task Force compiled a list of these functional jobs within the health component by encouraging the development of focus groups throughout the country. Focus groups were asked to respond to questions addressing the overall job of the health coordinator and the knowledge, attitudes and skills needed to do this job. The Task Force used the focus groups' summaries to develop a list of recommended knowledge, attitudes

and skills (KAS) needed for Head Start health coordinators and the recommended minimum qualifications for health component staff.

Before making our KAS recommendations for Head Start health coordinators, the TF needed to validate the existence of educational programs currently preparing their graduates in the areas our KAS would require. The Taskforce reviewed a wide range of credentialing bodies and educational programs to ascertain how well the curriculum for each of these programs matched the knowledge and skills the Task Force deemed necessary for the health, nutrition and mental health coordinator positions. The Bachelor in Science (B.S.) in nursing programs provided their graduates with all of the knowledge and skill areas identified by the Task Force as required for the health coordinator. Other health related programs such as the Bachelor degree in health education provided many but not all of the knowledge and skill areas recommended, but, with additional training the HCTF felt that individuals with degrees in these fields could also serve as health coordinators.

HCTF RECOMMENDATIONS FOR HEALTH COORDINATORS EDUCATION AND EXPERIENCE

The HCTF recommendations for health coordinator education and experience requirements are a Bachelor Degree in nursing with appropriate licensure or a Bachelor degree in health education or other health related field with a specialization in early childhood or RN with 5 years experience in Head Start, school health or community health nursing.

Subcommittees to the Task Force performed similar reviews of credentialing bodies and educational programs in the nutrition and mental health areas. These reviews formed the basis for recommending the B.S. degree as the minimum educational requirement for nutrition and mental health coordinator positions.

The HCTF recommendations for nutrition coordinator education and experience requirements are Bachelor Degree in Foods and Nutrition or college course work, including basic nutrition, food sanitation and safety, food selection and preparation, organization and management, and child nutrition. The Task force recommends that nutrition coordinators be required to be licensed in states requiring licensure.

The HCTF recommendations for mental health coordinator education and experience requirements are a Bachelor degree in a human service field from an accredited institution of higher learning and two years' general experience in working with preschool children and families, which must include low income populations and diverse cultural backgrounds.

The HCTF recommendations for the education and experience requirements for all other health component staff levels are contained in tables I-III of this report.

HEALTH COMPONENT CAREER PATH

Development of the KAS requirements for the health coordinator's job made the Task Force realize that there are several health component staff levels varying both in educational background and in the complexity of tasks that can be assigned. Within each of the four health discipline areas there are functions that would be appropriate for entry- and mid-level staff working under the supervision of health, nutrition and mental health coordinators, and functions appropriate for specialists working in large Head Start programs and supervising the work of several delegate agency health coordinators.

The HCTF recommends a career path based on general education and training requirements and functional job tasks for all health component staff. Entry- and mid-level health component staff are assigned the titles Level 1 Health Assistant and Level 2 Health Associate, respectively. Level 3 on the health component career path is the Health Coordinator, and large programs serving over 1000 children would have a Level 4 Health Coordinator Specialist. The career path is seen as both a way to encourage excellence in all health component staff by establishing minimum qualifications for each level and as an opportunity for the Head Start program to support the career development goals of health component staff.

HEALTH COMPONENT STAFFING PATTERNS

A third issue addressed by the Task Force in development of recommendations to support competency in the performance of all health component staff was the need to provide guidance on appropriate health component staffing patterns. High quality health programing requires sufficient and appropriate staffing throughout the Head Start health component. Appropriate staffing patterns promote effective services and followup to Head Start families, and maximize the appropriate use of staff skills. Objective I, Recommendation 7 presents the health component staffing pattern as recommended by the HCTF.

OBJECTIVE II: COMPONENT INTEGRATION

Component Integration was the second objective studied by the Task Force. The Task Force composition was truly component integrated, having representatives from education, parent involvement and social services as well as health component coordinators, Head Start directors, and Head Start disabilities services staff. The Task Force also had representatives from

the National Head Start Association and the American Academy of Pediatrics. This component integrated
Task Force strongly supports the Head Start mandate for an integrated component approach to achieving social competency in enrolled children. The HCTF believes that achieving quality in health component staff is a major step, but only a first step in striving for total program excellence. The Task Force redirected the charge for Objective II from the integration of health into all Head Start program components, to supporting total program component integration.

The recommendations made on component integration support the premise that barriers to component integration can exist at the program, community, or Federal government levels. However, programs seeking to make improvements in this area can best do so under the leadership of Head Start directors working in free and open communication with component staff to create a program atmosphere that encourages joint component planning and case management activities. The Task Force also made recommendations for actions at the Federal level that can support Head Start directors and component coordinators in achieving component integration.

OBJECTIVE III: MEASURING PROGRAM QUALITY

Measuring the quality of the Head Start program health component was the third objective addressed in this Task Force report. Our recommendations on this objective include recommendations to strengthen the three instruments currently used to assess program quality: the Health Performance Standards, Self Assessment Validation Instrument and the Program Information Report; recommendations for the development of instruments that measure the impact of the health component on the children and families served; and recommendations for the development of an instrument to measure the health component's impact on communities Head Start children and families return to when they leave the program.

HEAD START HEALTH COORDINATORS OF THE FUTURE

The Health Coordinators' Task Force recognizes the leadership position Head Start has traditionally maintained in support of the health and safety of children in child development programs. The Head Start founders felt so strongly about the health of young children that in their creation of a child development program, health was made one of the four components every Head Start program must offer to enrolled children and their families. Head Start health coordinators can look back over the program's 25 year history and take pride in their accomplishments.

Today, many new and exciting developments are surfacing in the child development field. The growth of State-funded preschool programs will provide a child development experience for many preschool children, and the potential for wrap around child care funding can bring a variety of funding streams together to meet the needs of young children and their families. Head Start's involvement and leadership in these new developments is critical to the championing of comprehensive child development programs which include health, parent involvement, social services and early childhood education.

The Head Start Health Coordinators of the future must have the knowledge, skills and leadership abilities needed to work with other Head Start staff, children and parents. They must be able to work with and be seen as peers by school health nursing staff who are attempting to create a comprehensive health focus within newly developing state funded preschool programs. They must have a knowledge and mastery of the ever-changing public, private and voluntary health care systems, in order to provide access to health care for Head Start children and families. As Health Coordinators of the future, their leadership must go a long way and they must reach out to many in their communities in support of health and safety for preschool children.

This report represents the concern, expertise and experiential knowledge of 24 people from different disciplines, from a variety of Head Start programs, and from other organizations. In submitting this report, all Health Coordinators' Task Force members believe the recommendations contained herein will strengthen the health component in Head Start.

Phyllis E. Stubbs, M.D., M.P.H.
Chairperson,
Head Start Health Coordinators' Task Force

HEAD START

HEALTH COORDINATORS' TASK FORCE

REPORT AND RECOMMENDATIONS

July, 1990

HEAD START HEALTH COORDINATORS'TASK FORCE REPORT AND RECOMMENDATIONS

INTRODUCTION

The health component is a vital ingredient in the comprehensive Head Start child development program. Since its inception in 1965, more than 12 million economically disadvantaged preschool children have participated in Head Start. Through the Head Start (HS) Health Component, these children have received medical and dental screenings, physical examinations, immunizations, treatment, mental health services, nutrition assessments and daily meals which they might not have received otherwise, promoting their healthy development and chances for success as they grew and matured.

While Head Start grew out of concern that many economically disadvantaged children did not have the same school successes as more advantaged children, its focus has always been much broader than education alone. In Head Start, early childhood education is accompanied by social services to support and strengthen families, parent involvement activities to strengthen the role of the parent in the child's education and growth and development, and health services to promote the child's overall health and development.

This comprehensive approach is based upon the recognition that children who are hungry or are in poor health will have difficulty learning or achieving their full potential, and further, that children from economically disadvantaged families are most at risk of receiving inadequate nutrition and health care. Head Start has played an important role in the past twenty-five years in assuring that these children receive necessary services, and in helping to develop a system for the delivery of such services.

HEAD START HEALTH COORDINATORS' TASK FORCE (HCTF)

The goal of the Health Coordinators' Task Force was to strengthen the Head Start Health Component.

The Health Coordinators' Task Force addressed three objectives:

Objective I support competency in the performance of all health component staff,

Objective II to integrate health into all Head Start program components, and

Objective III to measure the quality of the health component.

Plans for the Health Coordinators' Task Force were initiated at the Public Health Service (PHS) - Head Start Health Services Network meeting in Boulder, Colorado in October, 1987. At that time, PHS consultants recommended the formation of a multidisciplinary task force that would meet over an extended period of time to give in-depth thought to health related issues for Head Start. This recommendation received an enthusiastic response from the Head Start Bureau. The Head Start Bureau launched the Health Coordinators' Task Force in March, 1988. This action was taken in collaboration with the Public Health Service (PHS) Head Start Health Services Training and Technical Assistance Network. The Task Force held quarterly meetings during 1988 and 1989 in the Washington, D.C. area.

The Health Coordinators' Task Force had 24 members representing all Head Start components, the National Head Start Association, the Head Start Bureau, the Public Health Service, and the American Academy of Pediatrics. Five members were Head Start Health Coordinators representing Head Start programs from urban, rural, Native American, migrant, school district and community action agency administered programs. (See Appendix A for HCTF Roster)

The multidisciplinary composition of the HCTF was unique for a Head Start Task Force. A major benefit resulting from bringing such a group together was the group's immediate and strong recommendation that a mechanism be created to provide a forum for as broad and diverse groups as possible to have an opportunity to share their thinking about the three objectives. In support of this request, the PHS staff developed focus group outlines to allow Task Force members the opportunity to discuss the issues with as many different individuals and groups directly involved in providing health services to preschool age children in child care settings as possible. Focus groups gave Task Force members the opportunity to hear others voice their concerns and share their recommended approaches for each of the three objectives.

An article about the HCTF was published in the ~~July~~, 1988, National Head Start Bulletin. The article included the HCTF focus group outline and encouraged Bulletin readers to form their own focus groups concerning the three HCTF objectives and share their group's feedback and recommendations with the HCTF.

Following initial HCTF discussion about the job of the Head Start Health Coordinator, it became evident that TF members had different opinions concerning what the Health Coordinator's job actually entailed. The Task Force decided that they could not begin discussion about competency in the performance of all health component staff until they were able to clearly articulate the job elements required for the medical, dental, nutrition, and mental health coordinator positions. What followed was a series of questions for discussion about the Health Coordinator.

Question 1: What is the Head Start Health Coordinator's job?
The group defined the health coordinator as that individual who has lead responsibility for coordinating the activities of the four disciplines within the health component: medical, dental, nutrition, and mental health.

Question 2: What knowledge, skills and attitudes are required to perform the health (medical, dental, nutrition and mental health) coordinator's jobs?

Based on months of dialogue, input from focus groups throughout the country, and a review of pertinent position statements and policy recommendations of other national organizations in early childhood and health, the HCTF developed the following list of knowledge, skills and attitudes required for health coordinators:

KNOWLEDGE Health Coordinator is able to describe or perform the following:

K1 Models and theories of early childhood development as the framework for assessments, planning, implementation and evaluation of children and their families.

K2 Basic scientific principles from the biophysical, cultural, psychosocial domains relevant to children and their families.

K3 Physiologic changes during early childhood.

K4 General and child health history protocols. And child health assessment protocols.

K5 General child health assessments.

K6a Community history and assessment protocols.

K6b Family history and assessment protocols.

K7 Normal nutritional needs during early childhood.

K8 Types of medications, methods of administration, and side effects relevant to children in early childhood.

K9 Prevention, control, and initial management of for injuries children in early childhood .

K10 Basic assessment and initial management of common childhood acute and chronic illnesses.

K11 Scientific principles and public health practices relevant to child health promotion, disease prevention and health protection.

K12 The relationship of health beliefs of adults and children to child health practices.

K13 Developmentally appropriate adult and child instructional methods.

K14 Basic prevention, control and management of communicable diseases, especially common childhood illnesses.

K15 Practices of emergency preparedness, especially those related to young children.

K16 Basic assessment and intervention strategies with high risk families, especially violent, addictive, abusive or neglecting families.

K17 Prevention, control and management of oral disease and the role of systemic and topical fluoride in the prevention of dental caries.

K18 The importance of early detection treatment and referral of oral disease in the maintenance of oral health.

K19 The importance of primary teeth for the proper development of the oral structure.

K20 Selected teaching and learning principles and process of curriculum development related to public health.

K21 Principles of environmental health and safety.

K22 Selected trends in health delivery and the effects of ethical, political, technical, economic, and legal factors upon child health services.

K23 Principles of leadership and role theory.

K24 Models and theories of supervision, change, group dynamics, organizational development, and conflict resolution as a framework for program management.

K25 Basic principles of resource development and utilization of consultants.

K26 General principles of health promotion, disease prevention and health protection.

SKILLS

S1 Counsels and empowers young children, families, parents and colleagues, individually and in groups, about health promotion and health maintenance.

S2 Assesses the health needs of children's families.

S3 Performs basic oral health screening including the identification of baby bottle tooth decay.

S4 Establishes an individualized family service plan that include the family's strengths and needs related to enhancing the health status of the child and the family.

S5 Coordinates comprehensive health services delivery according to prioritized needs.

S6 Consults and collaborates with members of the community, especially health providers.

S7 Delegates work and supervises others.

S8 Facilitates team building.

S9 Collaborates, negotiates, decides upon, or coordinates within working relationships.

S10 Communicates effectively, verbally and nonverbally.

S11 Works with individuals of varying ethnic, cultural and socioeconomic backgrounds and genders.

S12 Manages medical and dental data and keeps records.

S13 Manages time.

S14 Works to assure that the available child health delivery system is flexible, accessible, and responsive to family needs.

S15 Demonstrates recognition and support for parental involvement in all aspects of the delivery of child health services.

S16 Communicates principal elements of health protection to staff, families and children.

ATTITUDES

A1 Attains self awareness of own values relative to parenting and health behaviors.

A2 Facilitates the development of self-esteem by expressing respect and acceptance, and by treating all with dignity.

A3 Accepts rights of parents and colleagues to their own philosophies, beliefs, mores, culture and lifestyles.

A4 Demonstrates patience, warmth, and caring in interactions, especially with young people.

A5 Demonstrates flexibility, initiative, and a sense of humor.

A6 Demonstrates honesty and openness in communication.

A7 Attains positive attitudes and behaviors relative to health care as well as health promotion, disease prevention and health protection.

Depending on program size, in addition to health, nutrition and mental health coordinator positions there are entry- and mid-level and supervisory coordinator positions within the health component. These positions vary in the complexity of the tasks assigned. Functional job elements were developed for all positions within the health component (Appendices B-D).

The HCTF reviewed a wide range of credentialing bodies and educational programs to see how the curricula matched the knowledge and skills the HCTF recommended as required for the Health Coordinator position (See Appendix E) The B.S. in Nursing Programs appeared to provide their graduates with all of the knowledge and skill areas the HCTF identified as required for the Health Coordinator position. However additional training, expertise, and consultation in oral health may be necessary for the nurse health coordinator.

Special Education, Health Education and Early Childhood Education programs were found to provide many, but not all, the necessary knowledge and skill areas recommended. The HCTF felt that with additional training and/or consultation, individuals with degrees in these fields could also serve as Health Coordinators.

The following key areas of training are recommended for staff working with the Health Component who do not possess a B.S. in Nursing. They may be used as a guide for identifying areas of

future training, evaluating an individual's qualifications, and/or identifying areas which require outside expert consultation:

- o child growth and development
- o child health issues
- o public health
- o leadership (organization dynamics, resource development)
- o family health issues
- o child health services
- o education - adult education/early childhood

The HCTF was very sensitive to the fact that many Head Start Health Coordinators do not possess the knowledge base and professional degrees the TF would recommend the HSB require of all Health Coordinators. However, many of these same HC's have, over the years, acquired the skills required to perform these jobs and are currently coordinating outstanding health programs. The HCTF felt it was important to recognize and acknowledge that fact and, in doing so, attempted to develop a program approach that would recognize and, where necessary, provide a mechanism to upgrade the knowledge and skills of Health Coordinators who require additional training.

In identifying strategies for supporting competency in the performance of all health component staff, the HCTF also recognized the need to identify career paths. This report identifies health component career paths, minimum qualifications for Health Component staff, staffing patterns, and the organizational relationship of the Health Component to the overall Head Start Program.

A. HEALTH COMPONENT CAREER PATHS (see Table 1)
Career development is an integral part of the Head Start program. It provides a vehicle for personal and professional development and assures a supply of appropriately trained staff at each level of responsibility. While requiring appropriately trained staff is key to component quality, it is equally important that support positions (such as health or nutrition aides, cooks, etc.) within the component have the skills and training necessary to meet their responsibilities. The HCTF recommends the following career paths within the Head Start Health Component. These career paths outline general education requirements for each level.

HEAD START HEALTH COORDINATORS TASK FORCE
RECOMMENDATIONS

OBJECTIVE I TO SUPPORT COMPETENCY IN THE PERFORMANCE OF ALL HEALTH COMPONENT STAFF

OBJECTIVE 1. RECOMMENDATION 1.

A FOUR LEVEL HEALTH CAREER PATH IS RECOMMENDED BY THE HEALTH COORDINATORS TASK FORCE (HCTF)

TABLE 1.

HEALTH CAREER PATH RECOMMENDED BY THE HCTF

LEVEL	JOB TITLE	EDUCATION AND EXPERIENCE REQUIREMENTS
I	Health Assistant	High School Diploma or GED with some college course work in early childhood education and health.
II	Health Associate	Associate Degree in Nursing, Registered Nurse with appropriate licensure or an Associate Degree in a health related field with specialization in early childhood. One year general experience with preschool children and families from low income and diverse cultural backgrounds.
III	Health Coordinator	Bachelor Degree in Nursing with appropriate licensure or a Bachelor Degree in health education or other health related field with specialization in early childhood or RN with 5 years experience in Head Start, school health or community health nursing. Two years general experience with preschool children and families from low income and diverse cultural backgrounds.

IV	Health Coordinator Specialist	Master Degree in Nursing with appropriate licensure or a Master Degree in a health related field with specialization in early childhood. Five years specialized experience in working with preschool children and families from low income and diverse cultural backgrounds.

OBJECTIVE I, RECOMMENDATION 2.

A FOUR LEVEL NUTRITION CAREER PATH IS RECOMMENDED BY THE HCTF.

TABLE 2.
NUTRITION CAREER PATH RECOMMENDED*

LEVEL	JOB TITLE	EDUCATION AND EXPERIENCE REQUIREMENTS
IA	Cook	Food Handler's certificate or equivalent
IB**	Nutrition Assistant	High School Diploma or GED and required college course work or approved training, e.g., Early Childhood Dietary Manager's Training Program.
II***	Nutrition Associate	Associate of Arts Degree in Foods and Nutrition
III****	Nutrition Coordinator	Bachelor Degree in Foods and Nutrition or college course work; must include basic nutrition, food sanitation and safety, food selection and preparation, organization and management, and child nutrition. License necessary in states requiring licensure.
IV	Nutrition Coordinator Specialist	Bachelor Degree in Foods and Nutrition with R.D.status, or M.S., M.P.H. or Ph.D. in Nutrition. License necessary in states requiring licensure.

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* All levels require experience with young children.

** Responsible for coordinating all nutrition activities at the center level under the direction of the Center Director and the Nutrition Coordinator.

*** This position may have supervisory responsibilities but requires supervision by Registered Dietitian.

**** A Bachelor degree in Home Economics is not sufficient. Must have a Bachelor of Science Degree in nutrition, dietetics, etc. or college course work must include basic nutrition, food sanitation and safety, food selection and preparation, organization and management, and child nutrition.

OBJECTIVE I RECOMMENDATION 3.

A FOUR LEVEL MENTAL HEALTH CAREER PATH IS RECOMMENDED BY THE HCTF.

TABLE 3.
MENTAL HEALTH CAREER PATH RECOMMENDED

LEVEL	JOB TITLE	EDUCATION AND EXPERIENCE REQUIREMENTS
I*	Mental Health Assistant	H.S. Diploma or GED plus two years general experience in working with preschool children and families which must include low income populations and diverse cultural backgrounds.
II**	Mental Health Associate	Associate degree with major course work in a human service field. Two years general experience in working with preschool children and families which must include low income populations and diverse cultural backgrounds.
III***	Mental Health Coordinator	Bachelor degree in a human service field from an accredited institution of higher learning. Two years general experience in working with preschool children and families which must include low income populations and diverse cultural backgrounds.
IV****	Mental Health Coordinator Specialist	Master or Doctoral degree from an accredited institution of higher learning. Two years mental health experience with preschool children and families which must include low income populations and diverse cultural backgrounds. Licensure or certification by an appropriate board is required in those States in which licensure or certification is a requirement to practice.

* Supervision by Level IV Mental Health Coordinator Specialist. Allow for attainment of Level II within 4 years.

** Supervision by Level IV Mental Health Coordinator Specialist. Allow for attainment of Level III within 4 years.

*** Supervision by Level IV Mental Health Coordinator Specialist. Allow for attainment of Level IV within 5 years.

**** Consultation with other mental health professionals is desirable.

B. MINIMUM QUALIFICATIONS FOR COORDINATORS WITHIN THE HEALTH COMPONENT

The establishment of minimum qualifications for all Health Component staff is essential to strengthen the quality of the Health Component. Moreover, it is anticipated that growing coordination between Head Start and state-funded early childhood programs (especially in regard to the implementation of Education for the Handicapped Act Amendments for 1986, P. L. 99-457) will increase the necessity for parity in staff qualifications between Head Start Programs and state funded preschool programs.

OBJECTIVE I. RECOMMENDATION 4.

THE HCTF RECOMMENDS THAT MINIMUM STAFF QUALIFICATION STANDARDS BE MANDATED BY 1995 FOR ALL NEWLY HIRED HEALTH COMPONENT STAFF.

TABLE 4.
MINIMUM QUALIFICATIONS FOR NEW COORDINATORS IN 1995*

DISCIPLINE	LEVEL	MINIMUM QUALIFICATIONS
Health	III	Bachelor Degree in Nursing with appropriate licensure or a Bachelor degree in health education or other health related field with a specialization in early childhood or RN with 5 years experience in Head Start, school health or community health nursing. Two years of general experience with preschool children and families from low income and diverse cultural backgrounds.
Nutrition Assistant	IB	A Nutrition Assistant is required at each center regardless of program size.
	III-IV	Depends upon program size (See Objective 1, Recommendation 7, Table 5 for definitions of program sizes).
SIZE OF PROGRAMS Very Large	IV	

Large		III	With consultation from Level IV
Medium	At least 8 hours per week of on-site consultation from a level IV		
Small	Nutrition Coordinator Specialist.		
Mental Health		IV	Master or Doctoral Degree from an accredited institution of higher learning; two years mental health experience in working with preschool children and families which must include low income populations and diverse cultural backgrounds. Licensure or certification by an appropriate board is required in those states in which licensure or certification is a requirement to practice.
Very Large		IV	
Large		IV	
Medium	with at least two hours per month on-site consultation/supervision from Level IV mental health professional.		
Small			

* Refers to four level career paths for the medical/dental, nutrition and mental health coordinators.

OBJECTIVE I. RECOMMENDATION 5.

THE HCTF RECOMMENDS A FIVE YEAR GRACE PERIOD FOR INCUMBENT HEALTH STAFF, DELAYING THE REQUIREMENT THAT THEY MEET THE NEW STAFF QUALIFICATIONS UNTIL THE YEAR 2000.

OBJECTIVE 1. RECOMMENDATION 6.

THE HCTF RECOMMENDS THAT BY THE YEAR 2000, ALL COORDINATORS IN THE HEALTH COMPONENT MUST MEET THE STATED MINIMUM QUALIFICATIONS OR RELINQUISH THEIR POSITIONS.

The HCTF recognizes that implementing the recommendations and minimum qualifications require the Head Start Bureau to identify funds for this purpose. These funds would be made available to Head Start directors to support the upgrading and credentialing of health component staff who do not currently meet the HCTF recommended minimum staff qualifications. The HCTF reviewed data on tuition and fees for graduate equivalency degrees (GED), public and private college/university two and four year undergraduate degree programs and graduate degree programs. This data is presented as a part of the background information reviewed by the Task Force in developing the recommendations on minimum Health Coordinator qualifications.

College/University Costs: Tuition and Fees

Public Institutions

Undergraduate 4-year Degree Program (1)

In state: Average cost is $1,650 per semester

Out of State: Average cost is $4,147 per semester

Undergraduate 2-year Degree Programs (2)

Average cost is $767 per year (data not broken down by in state and out of state).

Private Institutions

Undergraduate 4-year Degree Programs (2)

Average cost is $7,693 per year (data not broken down by in state and out of state).

Undergraduate 2-year Degree Programs (2)

Average cost is $4,564 per year (data not broken down by in state and out of state).

Graduate Degrees

In state

Public Institutions: (3)
Range (0-$4,600) Mean ($1,565) Median ($1,494) per year

Private Institutions: (3)
Range (0-$12,960) Mean ($6,226) Median ($5,600) per year

Out of State (1)

Average cost is $4,108 per semester (data not broken down by in state and out of state).

Adult Basic Education (ABE)/Graduate Equivalency Degree (GED) (4)

Must be a State resident for either ABE or GED.

Variation from state to state on the number of class hours typically taken.

Typical range is 40-60 hours at a usual cost of about $1 per class hour.

Average cost of the GED test is about $20.

SOURCES: (1) Student Charges at Public Institutions: Annual Survey 1988-89 by Meredith Ludwig & Gerald Kress

(2) Chronicle of Higher Education dated August 10, 1988

(3) The Council of Graduate Schools (telephone conversation)

(4) Mr. Clay Leonard, Supervisor of G.E.D. Testing, Richmond, VA (telephone conversation).

C. STAFFING PLAN

High quality health programming requires sufficient and appropriate staffing throughout the Head Start Health Component. Appropriate staffing patterns promote effective services and follow-up to Head Start families, and maximize the appropriate use of staff skills.

OBJECTIVE 1 RECOMMENDATION 7.

THE HCTF RECOMMENDS THAT MINIMUM STAFF PATTERNS BASED UPON PROGRAM SIZE BE ESTABLISHED FOR ALL UNITS IN THE HEALTH COMPONENT.

In small programs, nutrition and/or mental health responsibilities may be incorporated in the Health Coordinator role, and separate Mental Health and/or Nutrition Coordinators may not be required.

TABLE 5.
HEALTH COMPONENT STAFFING PLAN
BASED UPON HEAD START PROGRAM SIZE
(RECOMMENDED RATIO OF STAFF TO ENROLLED CHILDREN IS 1:125)

	COORDINATOR STAFF			
PROGRAM SIZE	MEDICAL/ DENTAL	NUTRITION	MENTAL HEALTH	SUPPORT STAFF FTE
Small up to 149 Children	1	____	____	1 to 1.2
Medium 150-499 children	1	____	____	1.2 to 4.0
Large 500-1499 children	1	1	1	4 to 12
Very Large 1500 or more children	1	1	1	12 or more

Support Staff: Health, nutrition and mental health assistants and associates are to be considered in addition to coordinators. Nutrition Level IA - Cook and nutrition staff who exclusively prepare food are excluded from the health component staffing plan shown in table 5. FTE calculation is based upon 1 FTE:125 rounded to the nearest FTE, except for small and medium programs where partial FTE may be considered. Regardless of size, every program should have at least 1 FTE support staff.

OBJECTIVE I RECOMMENDATION 8.

BECAUSE LOCAL PROGRAM NEEDS MAY REQUIRE VARIATION OF THE RECOMMENDED STAFFING PLANS, THE HCTF RECOMMENDS THAT THE HEALTH COMPONENT STAFFING POLICIES BE SUFFICIENTLY FLEXIBLE TO ALLOW WAIVERS OR EXCEPTIONS OF ALL HEALTH COMPONENT STAFFING PLANS AT THE LOCAL LEVEL WHEN CONDITIONS, EITHER PARTIALLY OR COMPLETELY, PREVENT COMPLIANCE.

OBJECTIVE I RECOMMENDATION 9.

THE HCTF RECOMMENDS THAT THE PUBLIC HEALTH SERVICE FORMALLY COORDINATE WITH THE ADMINISTRATION FOR CHILDREN, YOUTH AND FAMILIES TO REVIEW WAIVER REQUESTS FOR STAFFING AND QUALIFICATIONS OF HEAD START HEALTH STAFF, AND THAT BOTH AGENCIES COLLABORATE TO ASSIST GRANTEES IN RESOLVING THE PROBLEMS LEADING TO THE REQUEST FOR WAIVERS.

OBJECTIVE I RECOMMENDATION 10.

THE HCTF RECOMMENDS THAT RESOURCES BE PROVIDED TO THE PUBLIC HEALTH SERVICE TO SUPPORT CONSULTATION WITH LOCAL HEAD START GRANTEES TO HELP THEM RESOLVE PROBLEMS LEADING TO THE WAIVER REQUEST.

The HCTF recognizes that a variety of additional factors must also be taken into consideration in strengthening Head Start health components. The following recommendations are made on program organization, health component staff salaries, stress management training and recognition for exemplary performance.

OBJECTIVE I. RECOMMENDATION 11.1.

THE HCTF RECOMMENDS THAT HEALTH COORDINATORS MUST HAVE PROGRAM MANAGEMENT, LEADERSHIP AND SALARY PARITY WITH OTHER COMPONENT COORDINATORS BASED UPON EDUCATION, QUALIFICATIONS AND RESPONSIBILITIES.

OBJECTIVE I. RECOMMENDATION 11.2.

THE HCTF RECOMMENDS THAT HEALTH COMPONENT COORDINATORS MUST HAVE DIRECT AND ONGOING ACCESS TO THE HEAD START DIRECTOR.

OBJECTIVE I. RECOMMENDATION 11.3.

THE HCTF RECOMMENDS THAT SALARIES FOR HEALTH COMPONENT STAFF MUST BE COMPARABLE TO COMMUNITY SALARIES BASED UPON QUALIFICATIONS, EXPERIENCE AND RESPONSIBILITIES.

OBJECTIVE 1 RECOMMENDATION 11.4.

THE HCTF RECOMMENDS THAT STRESS MANAGEMENT TRAINING AND MENTAL HEALTH SERVICES, IF NEEDED, MUST BE MADE AVAILABLE FOR STAFF.

OBJECTIVE I. RECOMMENDATION 11.5.

THE HCTF RECOMMENDS THAT HEALTH COMPONENT STAFF BE ENCOURAGED AND REWARDED FOR INVOLVEMENT IN PROFESSIONAL AND COMMUNITY LEADERSHIP ACTIVITIES.

OBJECTIVE II. INTEGRATING HEALTH INTO ALL COMPONENTS

The initial focus of objective II was integrating health into all Head Start components. Further discussions clarified the TF philosophy of an integrated component approach to achieving social competency in enrolled children. The TF redirected the charge for Objective II from the integration of health into all program components to supporting total Head Start program component integration.

The comprehensive Head Start program requires an integrated approach. Such an approach is necessary to assure that the services offered are not fragmented or contradictory, and are provided with a full understanding of each child and family's individual needs and in a way that supports and empowers each family. Just as a child's health status influences his or her learning or emotional development, nutrition and health education must be included in the overall educational curriculum. HS parent health education is as much a part of the parent involvement component as it is a part of the health component. Advocacy for adequate health care for Head Start children and families is a shared responsibility of all component coordinators and the Head Start Director.

While component coordination and integration is an essential goal for all Head Start programs, it is not always achieved. When the Health, Education, Parent Involvement and Social Services components are not fully integrated, families fail to get the full benefit of the Head Start Program. For this reason, identifying strategies to promote component integration was an important goal of the HCTF.

Barriers to Component Integration

Through a series of focus groups, the HCTF identified the following common barriers to the integration of health into other components.

- Lack of knowledge about how to integrate the health component into other areas of the program;
- Lack of support from the Head Start Director;
- Isolation from other component coordinators, line staff and community health providers;
- Belief by staff in other component coordinators, line staff and community health providers;

- o Belief by staff in other components that health is not important;
- o Lack of clarity of local program structure and goals;
- o Separate component planning;
- o "Turfism"'
- o Lack of established program priorities.

The HCTF identified the following strategies and suggestions for overcoming these barriers and promoting component integration.

ACTIVITIES TO PROMOTE COMPONENT INTEGRATION

ACYF should promote a consistent local planning process that includes monitoring, data management, and evaluation. Such a planning process would require programs to regularly clarify goals and objectives and review procedures. An effective process requires that all HS components have input into major programmatic decisions, and that program practices/activities are integrated.

ACTIVITIES TO ASSURE ADMINISTRATIVE SUPPORT FOR COMPONENT INTEGRATION

To be successful, component integration must be a shared value and a goal of the overall program. The establishment and promotion of this goal must begin with the administration of the program. The following are suggested as administrative indicators of, or actions to, promote component integration.

The Head Start Program Director should:

1. Promote an attitude and philosophy of integration;
2. Provide sufficient budget and staffing;
3. Make sure coordinators/component staff are not isolated. Ensure physical proximity of coordinators (same building, if possible), or establish an effective communication system;
4. Hold joint staff meetings with all components;
5. Establish clear definitions of duties and responsibilities of all coordinators - be sure each is aware of the other's responsibilities;
6. Use group process to facilitate integration;
7. Assure systematic dissemination of information to coordinators;
8. Foster intraagency collaboration by all components and by the Head Start Program with other community agencies;
9. Develop mechanisms and written procedures for problem solving.

OBJECTIVE II RECOMMENDATION 1.

THE HCTF RECOMMENDS THAT A NATIONAL SET OF MANAGEMENT STANDARDS WITH GUIDANCE TO ASSURE COMPREHENSIVE INTEGRATION BE DEVELOPED AND IMPLEMENTED.

OBJECTIVE II RECOMMENDATION 2.

THE HCTF RECOMMENDS THAT AN ADMINISTRATIVE PERFORMANCE STANDARD WHICH REQUIRES LOCAL GRANTEES TO DEVELOP A CROSS-COMPONENT INTEGRATION PLAN BE IMPLEMENTED. THE PLAN SHOULD BE DEVELOPED, DATED AND SIGNED OFF BY COMPONENT COORDINATORS AND THE DIRECTOR.

OBJECTIVE II. RECOMMENDATION 3.

THE HCTF RECOMMENDS THAT THE MANAGEMENT STANDARDS FOR COMPONENT INTEGRATION BE INTEGRATED WITH THE PROGRAM MONITORING SYSTEMS.

OBJECTIVE II. RECOMMENDATION 4.

THE HCTF RECOMMENDS THAT A COMPREHENSIVE AND CENTRALIZED MANAGEMENT INFORMATION SYSTEM (MIS) BE DEVELOPED, IMPLEMENTED, EVALUATED AND REQUIRED.

A Centralized MIS would require the use of an integrated child record. ACYF and Head Start Programs should develop systems to make record integration easier (staffing, filing, forms, child records, etc.) and promote the integration of reports rather than separate data systems and duplication of information for each component. A centralized MIS could be customized so that it is linked to other health systems (e.g., Early and Periodic Screening, Diagnosis and Treatment)

OBJECTIVE II RECOMMENDATION 5.

THE HCTF RECOMMENDS THAT THE OVERALL APPROACH TO STAFF TRAINING BE CONTINUOUS AND CROSS-COMPONENT ORIENTED TO ARTICULATE THE MISSION OF THE HEAD START PROGRAM.

With an integrated component focus in program training, all components would be presented during preservice training. Inservice training should be provided on an ongoing basis for teaching staff about health topics, so that health is integrated into the program on a daily basis.

Health Services Delivery Should be Family-Centered

Head Start's emphasis on empowering parents and supporting family development requires that all services be family-centered. Such an approach also requires close coordination and communication between all program staff, and family-centered health service delivery requires that health be integrated into all elements of the program. These suggesions are offered to promote family centered health services delivery:

- o Promote the concept that a child's success depends upon his or her health;
- o Promote attitudes about health and focus on "wellness";
- o Train teachers in health areas and promote cross-component opportunities;
- o Emphasize Head Start Performance Standards as the basis for the national mission, and local plans as Goals and Objectives;
- o Form and utilize a Parent Health Committee;
- o Provide a volunteer parent health aide for each classroom;
- o Support parent involvement;
- o Provide staff education to assure confidentiality, and encourage professionalism of all staff;
- o Sensitize center supervisors and family service workers concerning presentation of health issues to families in a culturally sensititve manner;
- o Develop recruitment and enrollment activities, such as Welcome Fairs with medical screening stations, mental health information booths, parent-child games and activities, etc., as a good way to introduce new families to Head Start;
- o Utilize staff training activities to promote component integration and coordination, and to reach consensus on program priorities;
- o Include all components in transition planning and activities.

OBJECTIVE II. RECOMMENDATION 6.

THE HCTF RECOMMENDS THAT A CASE MANAGEMENT SYSTEM BE DEVELOPED AND IMPLEMENTED WITHIN THE HEAD START PROGRAM.

Using this approach, programs would conduct case conferences on each child and family. Participants would include all who have relevant information about the child and family. This could include all information about the child and family. This would include all component coordinators, the teacher, teacher's aide, bus driver and other staff deemed necessary. Ths approach would emphasize a shared responsibility and mutual respect among all program components and individuals. The Head Start Director should emphasize the importance of the case management system and focus on health and well-being. The case management system also requires that local programs develop and implement cross-component training programs.

An example of the case management process can be found in the Head Start Health Services Health Coordination Manual, DHHS(OHDS) publication no. 84-31190 Section IV pages 22-31.

OBJECTIVE III. MEASURING QUALITY OF THE HEALTH COMPONENT

The Head Start Program Performance Standards include three general objectives for the HS Program which are to:

- o provide a comprehensive health services program which includes a broad range of medical, dental, mental health and nutrition services to preschool children, including handicapped children, to assist the child's physical, emotional, cognitive and social development toward the overall goal of social competence.

- o provide preventive health services and early intervention.

- o provide the child's family with necessary skills and insights, and otherwise attempt to link the family to an ongoing health care delivery system to ensure that the child continues to receive comprehensive health care even after leaving the Head Start Program.

The three instruments currently used to assess program quality are the Head Start Program Performance Standards (Performance Standards), the Self-Assessment Validation Instrument (SAVI), and the Program Information Report (PIR).

One can evaluate Head Start Program performance concerning the first two objectives by measuring a variety of health services and health education activities that occur while the child is enrolled in the Head Start Program. Head Start programs regularly perform these measurements when they organize self-assessment validation teams and collect and report health process data on the PIR.

In discussions on the issue of measuring the quality of the Health Component, the HCTF reviewed the three instruments currently used and formulated the following recommendations:

A. PROGRAM PERFORMANCE STANDARDS

The Performance Standards define the basic elements and the expected performance of Head Start programs. The Performance Standards also provide the basis for supplemental policies and guidance. The HCTF offers the following recommendations to strengthen both the process (use) and content of the Performance Standards:

OBJECTIVE III. RECOMMENDATION 1.

THE HCTF RECOMMENDS THAT COPIES OF THE HEAD START PERFORMANCE STANDARDS INCLUDE ATTACHMENTS OF ALL TRANSMITTAL NOTICES.

OBJECTIVE III. RECOMMENDATION 2.

THE HCTF RECOMMENDS THAT THE PERFORMANCE STANDARDS AND THE GUIDANCE SECTION BE REVISED TO INCLUDE ALL HEALTH POLICY CHANGES COVERED BY TRANSMITTAL NOTICES.

OBJECTIVE III. RECOMMENDATION 3.

THE HCTF RECOMMENDS THAT COMMUNITY HEALTH CARE PROVIDERS BE EDUCATED REGARDING THE CONTENT OF THE HEAD START PERFORMANCE STANDARDS.

OBJECTIVE III. RECOMMENDATION 4.

THE HCTF RECOMMENDS THAT A PERMANENT NATIONAL HEAD START HEALTH COMPONENT WORK GROUP OR PANEL SHOULD BE ESTABLISHED TO PROVIDE INFORMATION AND REVIEW CONCERNING REVISIONS OF THE PERFORMANCE STANDARDS.

The HCTF could function in this capacity until a committee is established. The composition of this committee should include representatives of all Head Start components (Education, Social Services, Parent Involvement), as well as health cordinators, other health component staff (mental health, nutrition, medical, dental), Head Start administrators, and appropriate outside persons.

OBJECTIVE III. RECOMMENDATION 5.

THE HCTF RECOMMENDS THAT THE WORK GROUP, AS DEFINED ABOVE, SHOULD MAKE RECOMMENDATIONS CONCERNING REVISIONS OF THE HEALTH AND SAFETY SECTIONS OF THE PERFORMANCE STANDARDS.

B. SELF-ASSESSMENT VALIDATION INSTRUMENT (SAVI)

The SAVI is used by most programs to conduct an annual program evaluation. By incorporating the Performance Standards, the SAVI is designed to be used by local committees composed of

program parents, grantee board members, local community professionals, and Head Start staff. This involvement gives ownership of the evaluation process to the participants, and it is one of the great strengths of the SAVI.

While the SAVI is limited by lack of inter-rater reliability, subjectively, and need for professional technical interpretation, it is useful as a tool for parent and staff training, self-evaluation, and monitoring because of its inherent flexibility and linkage to the Performance Standards.

OBJECTIVE III. RECOMMENDATION 6.

THE HCTF RECOMMENDS CONTINUED USE OF THE SAVI.

C. PROGRAM INFORMATION REPORT (PIR)

The PIR is the annual statistical report submitted to the federal government by every Head Start grantee. This information has been used for nearly a decade to assess program activities and effectiveness at the local, regional, and national level. For the PIR to be most effective as a tool for improving the quality of the health component, the PIR should measure the activities as defined in the Performance Standards and provide data useful for problem solving and program improvement. Data collection and reporting for the PIR should be unambiguous and used in a non-prejudicial manner.

The HCTF identified a number of changes to strengthen the utility of the PIR. Before implementing changes in the content, the following process considerations are recommended:

OBJECTIVE III. RECOMMENDATION 7.

THE HCTF RECOMMENDS THAT A STANDARDIZED PROCESS FOR COLLECTION AND USE OF PIR DATA AT EVERY LEVEL BE DEVELOPED AND ALL HEAD START GRANTEES AND REGIONAL OFFICE STAFFS SHOULD BE INFORMED ABOUT ITS USE.

OBJECTIVE III. RECOMMENDATION 8.

THE HCTF RECOMMENDS THAT ALL PIR REVISIONS IN THE QUESTIONS AND GUIDANCE SHOULD BE MADE ONLY AFTER THE PROPOSED NEW PIR QUESTIONS HAVE BEEN PUBLISHED ONE YEAR IN ADVANCE OF COMMENCING DATA COLLECTION.

OBJECTIVE III. RECOMMENDATION 9.

THE HCTF RECOMMENDS TRAINING CONCERNING THE USE OF THE PIR FROM THE NATIONAL OFFICE TO THE REGIONAL OFFICES AND THEN TO THE LOCAL LEVELS.

The HCTF identified the following changes to strengthen the content areas of the PIR:

OBJECTIVE III. RECOMMENDATION 10.1

THE HCTF RECOMMENDS THAT ACYF ESTABLISH THE LENGTH OF TIME A CHILD MUST BE ENROLLED TO APPLY A CUT OF DATE FOR REQUIRING COMPLETED HEALTH SERVICES.

OBJECTIVE III. RECOMMENDATION 10.2.

THE HCTF RECOMMENDS THE GRANTEE SHOULD NOT BE PENALIZED FOR INCOMPLETE HEALTH SERVICES WHEN A CHILD DROPS OUT OF THE PROGRAM.

OBJECTIVE III. RECOMMENDATION 10.3.

The HCTF RECOMMENDS A CHANGE IN THE WORDING AND GUIDANCE FOR IMMUNIZATION ITEMS TO REFLECT THE NUMBER OF CHILDREN NOT COMPLETELY IMMUNIZED, BUT WHO ARE UP-TO-DATE BASED ON THE TIME PERIOD RECOMMENDED BETWEEN IMMUNIZATIONS.

OBJECTIVE III. RECOMMENDATION 10.4.

THE HCTF RECOMMENDS THAT THE NUTRITION AND MENTAL HEALTH PIR QUESTIONS BE INCLUDED PERMANENTLY ON THE PIR.

OBJECTIVE III. RECOMMENDATION 10.5.

THE HCTF RECOMMENDS THAT DATA ON INJURIES AND OTHER HEALTH SURVEILLANCE ITEMS BE INCLUDED ON THE PIR.

OBJECTIVE III. RECOMMENDATION 10.6

THE HCTF RECOMMENDS THAT THE ADDITIONAL ROLES THAT THE HEALTH COORDINATOR MUST ASSUME BE DOCUMENTED (SOCIAL SERVICES COORDINATOR, SPECIAL NEEDS [HANDICAP] COORDINATOR, MENTAL HEALTH COORDINATOR, OR NUTRITION COORDINATOR).

OBJECTIVE III. RECOMMENDATION 10.7

THE HCTF RECOMMENDS THAT THE NUMBER OF PAID HOURS DEDICATED TO THE HEALTH COMPONENT BY ALL HEAD START STAFF AND PAID CONSULTANTS BE DOCUMENTED.

OBJECTIVE III. RECOMMENDATION 10.8.

THE HCTF RECOMMENDS THAT THE GRANTEES DOCUMENT THE NUMBER AND EDUCATIONAL QUALIFICATIONS OF HEALTH, MENTAL HEALTH AND NUTRITION STAFF.

OBJECTIVE III. RECOMMENDATION 10.9

THE HCTF RECOMMENDS THAT GRANTEES REPORT THE COMPOSITION OF THE HEALTH SERVICES ADVISORY COMMITTEES BY DISCIPLINES.

OBJECTIVE III. RECOMMENDATION 10.10

THE HCTF RECOMMENDS THAT GRANTEE REPORT THE NUMBER OF HOURS OF HEALTH EDUCATION WORKSHOPS/SESSIONS PROVIDED/ATTENDED BY PARENTS, STAFF, AND CHILDREN.

OBJECTIVE III. RECOMMENDATION 10.11

HCTF RECOMMENDS THAT THE PIR QUESTIONS SHOULD BE CROSS-REFERENCED WITH THE PERFORMANCE STANDARDS.

OBJECTIVE III. RECOMMENDATION 10.12.

THE HCTF RECOMMENDS THAT THE PIR INCLUDE DATA ON HEALTH SERVICE DELIVERY BARRIERS AND PROBLEMS.

OBJECTIVE III. RECOMMENDATION 10.13.

THE HCTF RECOMMENDS THAT THE CHILD HEALTH RECORDS AT THE GRANTEE LEVEL BE COMPUTERIZED.

OBJECTIVE III. RECOMMENDATION 10.14

THE HCTF RECOMMENDS THAT THE PIR SHOULD INCLUDE THE FOLLOWING HEALTH STATUS INDICATORS:

INJURIES
BLOOD PRESSURE
VISION
GROWTH
DEVELOPMENT
INFECTIOUS DISEASES
CHOLESTEROL LEVELS, FOLLOWING AAP RECOMMENDATIONS
NUTRITIONAL STATUS
HEARING
DECAYED TEETH
ANEMIA
ELEVATED BLOOD LEVELS

D. CRITERIA TO EVALUATE LINKAGE OF THE CHILD AND FAMILY TO THE COMMUNITY

Whereas the SAVI and PIR are the two instruments currently used by Head Start programs to assess program quality for Objectives 1 and 2, there is presently no instrument in place to assess program effectiveness in reaching the long term goal of Performance Standards Objective 3, that of linking the child and family to ongoing community-based health care systems.
Measuring program quality requires a clear articulation of program requirements and expectations and effective mechanisms for such measurement. An effective evaluation system will provide useful management information for local grantees, as well as regional and national administrators. Such an evaluation system will also provide data necessary to understand national trends and help formulate policy.

The goal of Head Start health services is to link the child and family to ongoing health care in the community. This linkage requires Head Start to address access and to be proactive. It also requires Head Start grantees to interact with the health professionals in their community.

The process of making strong community health service linkages requires local grantees to:

- make an assessment of the health status/health behaviors of the child/family upon entrance into the program;
- identify available, accessible and acceptable health resources in the community;
- develop an action plan for the family and grantee to address unmet health needs and to establish community linkages.

There is currently no system in place to evaluate grantee performance in meeting the health component's community health services linkage goals.

Objective III, Recommendation 11:

HCTF RECOMMENDS THAT LOCAL HEAD START GRANTEES EXAMINE THEIR LINKAGES TO THE COMMUNITY WITH A VIEW TOWARD FURTHER STRENGTHENING THEIR PROGRAM.

Objective III, Recommendation 12:

GUIDANCE MEASURES AND MATERIALS TO EVALUATE THE LINKAGES ESTABLISHED AND MAINTAINED BY THE GRANTEE SHOULD BE DEVELOPED AND IMPLEMENTED.

The HCTF suggests the following as examples of how local Head Start linkage to the community might be assessed:

- By random sample of the child's health record for documentation of completed referrals;
- Assessing the extent of Head Start parents/staff representation on Community Councils, Task Force Committees, etc.;
- By developing and evaluating questionnaires on parental satisfaction with community health services referrals; and
- By studying the extent of community health referral ongoing linkages 2-3 years after the Head Start child has left the program.

E. HEALTH BEHAVIORS

Because the health behaviors of the family strongly influence the health status of the child, the HCTF suggests that Head Start grantees take this into consideration when planning health education interventions for children, staff and parents and when evaluating the quality of the Health component.

The HCTF made the following recommendations in support of assisting Head Start grantees and the Head Start Bureau to measure the long term effectiveness of Head Start programs in linking families to ongoing, community based health care delivery systems.

Objective III, Recommendation 13:

THE HCTF RECOMMENDS THAT A NEW INSTRUMENT TO MEASURE QUALITY OF THE HEALTH COMPONENT BE DEVELOPED AND IMPLEMENTED.

New measures for evaluating health status indicators of the children served by the Head Start grantee would be developed. The Head Start Bureau should solicit input from health quality assessment experts, pediatric professionals, parents and advisory groups as they develop the RFP instrument. A Health Component Evaluation RFP instrument should include an examination of health education and "medical home" (the establishment of an ongoing source of health care after Head Start).

Objective III, Recommendation 14:

IT IS RECOMMENDED THAT GUIDANCE MEASURES AND MATERIALS FOR THE PURPOSE OF ASSISTING LOCAL GRANTEES TO EVALUATE THEIR ABILITY IN MAKING COMMUNITY HEALTH SYSTEMS LINKAGES FOR HEAD START FAMILIES BE DEVELOPED AND IMPLEMENTED.

SUMMARY RECOMMENDATION

IN ORDER TO ACCOMPLISH THE HCTF RECOMMENDATIONS FOR OBJECTIVES I, II, AND III, THE HCTF RECOMMENDS THAT ADEQUATE RESOURCES INCLUDING FUNDING AND STAFFING BE PROVIDED.

SUMMARY

The Head Start HCTF met over a 14 month period to address three objectives: to support competency in the performance of all health component staff; to integrate health into all Head Start program components; and to measure the quality of the health component.

HCTF recommendations dealing with component staff qualifications, career ladders and staffing patterns are offered in support of defining best practices for all staff responsible for health and safety in the Head Start program. HCTF recommendations focused on the knowledge, skills and educational training to be required of all Health Coordinators by the year 2000 and were based on the Task Force's belief that with their acceptance into the Head Start program, all Head Start children and their families have the right to receive the health services as set forth in the Head Start Program Performance Standards, regardless of program size, location and fiscal resources. Because the HCTF recognizes that these issues are contributing factors to the Head Start grantee's ability to recruit and retain qualified staff, career ladders, health component staffing patterns and cost of certificate and degree programs have been researched and are presented to assist Head Start directors in their support of career development for existing staff members who do not meet year 2000 Health Coordinator requirements, while at the same time assuring adequate component professional supervision.

The discussions on component integration leading to the recommendations in this report initially began as a discussion on how to integrate health into all of the other Head Start program components. This may have continued as the focus if the Task Force had not had representatives from all Head Start components and several Head Start directors, the National Head Start Association and the American Academy of Pediatrics. The TF focus was broadened from the health component to all Head Start components. The HCTF believes that all program components will be strengthened if a concentrated effort is made to support component integration at the Central Office, Regional Office, the grantee administration and the grantee component coordinator levels.

Measuring program quality is the third objective addressed by the HCTF in this report. In view of what is currently being done in this area, it was the opinion of the HCTF that Head Start health coordinators spend a major portion of their time gathering the health PIR data to report to Regional and Central Office on how well the grantee did that year in the delivery of selected health/medical and dental services. The HCTF agreed that this is needed data but felt that an even more important aspect of measuring the quality of Head Start health components relates to those measures that assess how successful programs are in making long term community based linkages which integrate Head Start families into ongoing prevention-oriented health care systems. The recommendations to develop such an instrument to evaluate community linkages is offered in support of this goal.

APPENDIX A

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JOB ELEMENTS FOR NUTRITION POSITIONS

JOB OF THE NUTRITION ASSISTANT (LEVEL IB)

Under the direction of II, III, or IV nutrition personnel and the Center Director, is responsible for carrying out the following duties:

1. Participate in menu planning with staff and parents;
2. Procure food and supplies required for meals and snacks;
3. Assist with the preparation of all required reports;
4. Maintain accurate records pertaining to the food service operation;
5. Follow safety and sanitation regulations in all facets of food handling including food received from a central kitchen and/or food catering service;
6. Arrange for proper maintenance of all food equipment;
7. Prepare and serve designated meals and snacks as scheduled;
8. Eat meals with children; and
9. Assist with nutrition education activities for children and parents.

Required Skills, Knowledge, and Experience:

1. Ability to maintain records pertaining to the food service operation;
2. Knowledge of adequate kinds and amounts of foods recommended for young children;
3. Ability to calculate the quantity of food required to serve a designated number of children and staff;
4. Ability to maintain portion control;
5. Ability to follow standardized recipes;
6. Knowledge and skills in proper methods of food preparation;
7. Ability to manage a site food service operation, including compliance with safety and sanitation regulations;
8. Ability to coordinate activities with other components;
9. Ability to establish rapport with children and parents; and
10. A minimum of one year's experience in food preparation and meal service for young children.

Educational Requirements:

High school diploma or GED. College course work or approved continuing education (e.g., Early Childhood Dietary Manager's Training). Must include:

Basic Nutrition
Food Sanitation and Safety
Food Selection and Preparation
Organization and Management
Child Nutrition

JOB OF THE NUTRITION ASSOCIATE
(Level II)

Under the direction of Level III or IV Nutrition Personnel will provide the following services:

1. Plan menus with staff and parents;
2. Procure food, supplies, and equipment;
3. Supervise the preparation and service of nutritious meals and snacks;
4. Arrange work schedules for cooks and volunteers;
5. Maintain established standards of sanitation, safety and food preparation;
6. Prepare budget data and maintain cost control system;
7. Identify equipment needs;
8. Maintain records pertaining to food service operation;
9. Develop and test recipes and products;
10. Cooperate and participate in nutrition education activities for children, parents, and staff; and
11. Prepare simple written reports.

Required Skills, Knowledge, and Experience:

1. Ability to assist with the development and implementation of a written nutrition plan;
2. Knowledge of community food and nutrition resources;
3. Ability to assist with the identification of food needs of Head Start families;
4. Ability to work with families on food/money management issues;
5. Ability to facilitate parent involvement in nutrition services activities, including nutrition education;
6. Understands and demonstrates sensitivity to the diversity of cultures within Head Start;
7. Ability to establish rapport with families served;
8. Ability to manage a child care food service program including menu planning, safety, sanitation and supervision;
9. Ability to work with other components of the program; and
10. A minimum of one year's experience as a food service supervisor or supervisory cook in a Head Start, day care, or school food service program.

Educational Requirements:

Associate Arts Degree with academic preparation in foods and nutrition.

College course work must include:

Basic Nutrition
Food Sanitation and Safety
Food Selection and Preparation
Organization and Management
Child Nutrition

JOB OF THE NUTRITION COORDINATOR
(Level III)

Under the direction of a Registered Dietitian will provide the following services:

1. Assist with the identification of child, family, and community nutrition problems;
2. Conduct nutrition education classes for parents and staff;
3. Cooperate and participate in nutrition education activities for children;
4. Evaluate performance of food service personnel;
5. Provide pre-service and in-service training for all food service personnel;
6. Plan menus with staff and parents;
7. Procure food, supplies, and equipment;
8. Maintain established standards of sanitation, safety and food preparation;
9. Prepare budget data and maintain cost control system;
10. Maintain records pertaining to food service operations; and
11. Prepare written reports.

Required Skills, Knowledge, and Experience:

1. Ability to assist with the development and implementation of a written nutrition plan;
2. Knowledge of community food and nutrition resources;
3. Ability to assist with the identification of food needs of Head Start families;
4. Ability to work with families on food/money management issues;
5. Ability to facilitate parent involvement in nutrition services activities, including nutrition education;
6. Understands and demonstrates sensitivity to the diversity of cultures within Head Start;
7. Ability to establish rapport with families served;
8. Ability to manage a child care food service program including menu planning, safety, sanitation and supervision;
9. Ability to work with other components of the program; and
10. A minimum of one year's experience in community nutrition including services to children 0-6.

Educational Requirements:

Bachelor Degree with a major in foods and nutrition.

or

College course work must include:

- Basic Nutrition
- Food Sanitation and Safety
- Food Selection and Preparation
- Organization and Management
- Child Nutrition

Note: Must be licensed when working in a state which requires licensure.

JOB OF THE NUTRITION COORDINATOR SPECIALIST (LEVEL IV)

Nutrition services must be under the direction of a full-time Registered Dietitian; or

The grantee must contract for nutrition consultation to be provided by a Registered Dietitian, on a regular scheduled basis.

The amount and frequency of the consultation needed will depend on the size of the program and the help needed for coming into compliance with the performance standards.

The full-time or contract dietitian must provide or facilitate written individual/inter-agency agreements for the following services to be provided by a Registered Dietitian:

1. Assess the nutritional status and special needs of children and their families from information provided by the family and from the health records, discussions with nurse, physician, dentist, and from knowledge of community nutrition problems; help parents and staff in formulating plans for the nutrition program from this information;
2. Provide necessary counseling for parents;
3. Plan the nutrition education program with staff, parents and children; and participate in staff training.
4. Observe performance of food services personnel and provide for an ongoing training program that will improve or develop competencies to insure proficiency;
5. Help teaching staff plan and provide nutrition-related learning experiences in classroom;
6. Utilize community resources in carrying out the total nutrition program;
7. Participate in menu planning and review and take other steps to assure a high quality feeding program;
8. Provide the food service unit with direction in food budgeting, purchasing, storage, preparation, service, and setting up of efficient records systems;
9. Assist in interpreting and meeting health, sanitation, and safety standards related to nutrition;
10. Interpret Head Start nutrition service philosophy to peers in other agencies and enlists skills of such personnel;
11. Assist in preparation of job descriptions and schedules in food preparation facility to assure an efficient food service operation.
12. Assist with the development and monitoring of all food catering contracts. Registered Dietitian must <u>not</u> be employed by or on contract with food catering company;
13. Assist in preparation of the budget and any written plans for the nutrition component; and
14. Assist with the preparation of nutrition education materials for parents, staff, and children.

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Required Skills, Knowledge, and Experience:

1. Ability to develop and implement a written nutrition plan;
2. Knowledge of community nutrition resources;
3. Ability to identify the nutritional needs of families and communities;
4. Ability to work with families in providing for the nutrition needs of their children and in the area of money management;
5. Knowledge of basic health assessment measures as they relate to nutrition;
6. Ability to facilitate nutrition education for parents, children, and staff;
7. Understanding of and sensitivity to the diversity of cultures within Head Start; ability to establish rapport with families served;
8. Ability to manage a child care food service program including menu planning, safety, sanitation and supervision;
9. Ability to coordinate and integrate nutrition component activities with other components of the program;
10. Ability to assess the need for and initiate consultation from a qualified nutrition professional;
11. Aptitude for working in a human services program; and
12. A minimum of one year's experience in community nutrition including services to children 0-6.

Educational Requirements:

Bachelor Degree with R.D.

Note: Must be licensed when working in a state which requires licensure.

APPENDIX C

Job Elements for Health Positions

Under the direction of Level III health coordinator:

Level I

1. Participate as a member of the team in the development of the health plan;

2. Record incoming health data in child health record;

3. Record all health data on PIR and monitoring/tracking instruments;

4. Coordinate transportation of children and families to health appointments when needed;

5. Perform routine classroom and playground area safety inspection; and

6. Assist with health promotion/disease prevention/health protection, education and information for children, staff and families.

Level II

Under the direction of level III Health Coordinator will provide the following services:

1. Participate as a member of the team that develops the health plan;

2. Perform and record data from health screenings (vision, hearing, height, weight, etc.);

3. Arrange for health screening examinations and follow up services as needed;

4. Maintain accurate and confidential child health records;

5. Provide information on classroom and playground safety to children, staff and parents;

6. Provide health promotion/disease prevention, health protection, education and information for children, staff and families;

7. Identify and work with health resources in the community; and

8. Advocate for health within the Head Start Program and community.

Health Coordinator Level III

1. Assess the health status and special needs of children and their families;

2. Develop the health plan in coordination with other health component staff and component coordinators;

3. Train and supervise Level I and II health staff;

4. Develop and participate in cross-component pre and inservice training programs;

5. Develop and monitor health component budget;

6. Maintain accurate and confidential child health records;

7. Develop health provider contracts for health screening, examinations for health services;

8. Ensure parent involvement in the health program;

9. Advocate for health within the Head Start program and community;

10. Provide health promotion/disease prevention/health protection, education and information for children, staff and families;

11. Ensure a safe environment for children, and staff;

12. Evaluate the Head Start health program;

Health Coordinator Level IV

1. Assess the health status and special needs of children and their families and assist level III health coordinator in formulating plans for the health program;

2. Assess community health delivery systems;

3. Develop plan for collaboration with public, private and voluntary health resources for the on-going delivery of health services to Head Start children and their families;

4. Interpret the Head Start health component philosophy to community health providers and agencies;

5. Advocate for health within the Head Start Program and community;

6. Develop job descriptions for all health component job description;

7. Coordinate and supervise the work of health component staff;

8. Plan and budget for Head Start health services;

9. Provide health promotion/disease prevention/health protection, education and information for children, staff and families; and

10. Evaluate the Head Start health program.

APPENDIX D

Job Elements for Mental Health Positions

Under the direction of the level III or IV mental health coordinator perform the following functions:

Level I

1. Participate as a member of the team that develops the mental health plan;

2. Provide ancillary support to mental health and other component coordinators in the delivery of mental health inservice and preservice trainings;

3. Assist the Parent Involvement Coordinator assure the inclusion of mental health issues at parent meetings;

4. Cooperate and participate with the Education Coordinator to include positive mental health activities in the classroom;

5. Assist all component coordinators with mental health promotion/disease prevention/health protection education and information for children, staff and families;

6. Coordinate transportation arrangements to mental health services for children and families when needed; and

7. Record mental health related data into mental health records.

Level II

Under the direction of Level III or Level IV Mental Health Coordinator perform the following functions:

1. Participate as a member of the team that develops the mental health plan;

2. Assist the Mental Health Coordinator identify mental health resources in the community;

3. Assist other component coordinators plan mental health inservice and preservice trainings for their staff;

4. Assist the Parent Involvement Coordinator in the presentation of mental health issues as topics at parent meetings;

5. Cooperate and participate with the Education Coordinator to assure that positive mental health activities are included in the classroom activities;

6. Enter data into mental health records and assure confidentiality of the records;

7. Assist the Mental Health Coordinator track and monitor the mental health activities contained in the mental health plan; and

8. Assist the mental health professional in advocating for mental health within the Head Start program.

Level III

1. Develop the mental health plan in coordination with the mental health professional, policy council, other component coordinators, and staff;

2. Develop contract for the services of a level IV mental health professional;

3. Monitor and coordinate the mental health professional's activities;

4. Identify and work with mental health resources in the community;

5. Plan and conduct mental health inservice and preservice trainings for parents and staff;

6. Assure that accurate mental health records are kept and ensure confidentiality;

7. Assure that some of the topics presented at parent meetings include mental health issues;

8. Assure that positive mental health activities are included in the curriculum;

9. Track and monitor mental health activities contained in the mental health plan;

10. Cooperate and participate with other component coordinators on issues relating to mental health;

11. Advocate for mental health within the Head Start program and the community;

12. Supervise level I and II mental health staff;

13. Evaluate performance of health assistant and health associate staff;

14. Prepare budget in support of mental health activities for children, staff and parents;

15. Prepare written reports;

16. Observe children periodically and consult with teachers and other staff;

17. Assure the active involvement of parents in planning and implementing the individual mental health needs of their children; and

18. Orient parents and work with them to achieve the objectives of the mental health program.

Level IV

1. Develop the mental health plan in coordination with the policy council, other component coordinators, and staff;

2. Develop inservice and preservice trainings that relate to mental health;

3. Provide mental health training to Head Start staff;

4. Review pertinent medical and family of history of each child to assure that mental health services can be made readily available when needed;

5. Observe children periodically and consult with teachers and other staff;

6. Assure that positive mental health activities are included in the curriculum;

7. Assure that some of the topics presented at parent meetings include mental health issues;

8. Assist in providing special help for children with atypical behavior or development, including speech;

9. Advise and assist in developmental screening and assessment;

10. Take appropriate steps, in conjunction with health and education services, to refer children for diagnostic examination when needed;

11. Advise in the use of existing community mental health resources;

12. Provide opportunity for parents to obtain individual assistance;

13. Cooperate and participate with the education services component to provide a program keyed to individual developmental levels;

14. Cooperate and participate with other component coordinators on issues relating to mental health;

15. Interpret the Head Start mental health services philosophy to community mental health providers.

16. Assure the active involvement of parents in planning and implementing the invdividual mental health needs of their children;

17. Orient parents and work with them to achieve the objectives of the mental health program; and

18. Advocate for mental health within the Head Start program.

Appendix D

Educational Preparation for

the Health Coordinator

KSA #	Qualifications	REQUIRED	ADN	Dipl	BSN	MSW Clinical	BSW	BHEd	BCL
K1	Understands models, and theories of early childhood development as the framework for assessments, planning, implementation and evaluation of children and their families.	YES	Knows broad life cycle only	Knows	X	life cycle only	Knows broad life cycle only	Knows broad life cycle only	X
K2	Knows basic scientific principles from the biophysical, cultural, psycho social domains relevant to children &their families as taught @ undergraduate level.	YES	X	X	X	cultural, psycho-social	cultural, psycho-social	cultural, psycho-social	cultural, psycho-social
K3	Understands physiologic changes during early childhood.	YES	Knows	X	X			Knows	
K4	Knows general and child health history protocols.	YES	X		X				
K5	Knows general and child health assessment protocols.	YES	General only	X	X				
K6a	Knows community health history and assessment protocols.	YES	General only		X	community assess-ment			
K6b	Knows family health history and assessment protocols.	YES			X	X	family history		
K7	Knows normal nutritional needs during early childhood.	YES		X	X				
K8	Understands types of drugs, methods of administration & side effects relevant to early childhood.	YES	X	X	X				
K9	Knows prevention, control, and initial management of common early childhood injuries.	YES	X	X	X				
K10	Knows basic assessment and initial management of common childhood, acute and chronic illnesses.	YES	acute focus	acute focus	X				
K11	Understands principles and public health practices relevant to child health promotion and health maintenance.	YES			X				
K12	Knows the relationship of the health beliefs of adults & children to child health practices.	YES	X		X	X			X
K13	Knows developmentally appropriate adults & child instructional methods.	YES			X			X	X

KSA #	Qualifications	REQUIRED	PA	BEChld Ed	BSpEd	ASSOCIATE DEGREE PROGRAMS Humn Srvc	PE Hlth Srvc Ldrshp	H Care Mgmt	H Srvc Mgmt	MPH MCH
K1	Understands models, and theories of early childhood development as the framework for assessments, planning, implementation and evaluation of children and their families.	YES		X	X		X			
K2	Knows basic scientific principles from the biophysical, cultural, psycho social domains relevant to children &their families as taught @ undergraduate level.	YES	bio-physical	cultural, psycho-social	cultural, psycho-social	X	X			
K3	Understands physiologic changes during early childhood.	YES								
K4	Knows general and child health history protocols.	YES	X	Child history	Child history		X			
K5	Knows general and child health assessment protocols.	YES	X							
K6a	Knows community health history and assessment protocols.	YES		community assess-ment	community assess-ment	X				community asses-ment
K6b	Knows family health history and assessment protocols.	YES	family history	family history	family history	X	X			
K7	Knows normal nutritional needs during early childhood.	YES	X							
K8	Understands types of drugs, methods of administration & side effects relevant to early childhood.	YES	X							
K9	Knows prevention, control, and initial management of common early childhood injuries.	YES	X				X			
K10	Knows basic assessment and initial management of common childhood, acute and chronic illnesses.	YES	acute focus			X	X			
K11	Understands principles and public health practices relevant to child health promotion and health maintenance.	YES								Public health practices
K12	Knows the relationship of the health beliefs of adults & children to child health practices.	YES		Influence adult on child	Influence adult on child	X	X	X	X	X
K13	Knows developmentally appropriate adults & child instructional methods.	YES		X	X		X			

KSA #	Qualifications	REQUIRED	ADN	Dipl	BSN	MSW Clinical	BSW	BHEd	BCL
K14	Understands basic prevention, control and management of communicable diseases, especially common childhood illnesses.	YES	Knows acute focus	acute focus	X				
K15	Understands practices of emergency preparedness especially those related to young children.	YES	Knows general	Knows general	Knows general				
K16	Knows basic assessment and intervention strategies with high risk families, including violent, addictive, abusive or neglecting families.	YES	assess only	assess only	X	X	assess only		
K20	Knows selected teaching learning principles and process of curriculum development related to public health.	YES	ind. teaching learning	ind. teaching learning	X			X	ind. teaching learning
K21	Knows principles of environmental health and safety.	YES			X				
K22	Knows basic selected trends in health service delivery and the effects of ethical, political, technical, economic, and legal factors on child health services.	YES			general health services	general health services			
K23	Knows principles of leadership and role theory.	YES			X	X			
K24	Knows models and theories of supervision, change, group dynamics, orgoanizational development, and conflict resolution as a framework for program management	YES			X	Under stands			
K25	Knows basic principles of resource development & utilization of consultants	YES			X	X	X	X	X
S1	Ability to counsel and empower young children parents and colleagues, individually and in groups, in health promotion & health maintenance.	YES			X	X	With super-vision		X
S2	Ability to assess the health needs of both the child and the family.	YES	Child only		X				

KSA #	Qualifications	REQUIRED	PA	BEChld Ed	BSpEd	ASSOCIATE DEGREE PROGRAMS Humn Srvc	PE Hlth Srvc Ldrshp	H Care Mgmt	H Srvc Mgmt	MPH MCH
K14	Understands basic prevention, control and management of communicable diseases, especially common childhood illnesses.	YES	acute focus			X	X	X	X	
K15	Understands practices of emergency preparedness especially those related to young children.	YES	Knows general	X	X		X			
K16	Knows basic assessment and intervention strategies with high risk families, including violent, addictive, abusive or neglecting families.	YES	X			X				
K20	Knows selected teaching learning principles and process of curriculum development related to public health.	YES	ind. teaching learning							
K21	Knows principles of environmental health and safety.	YES					X			X
K22	Knows basic selected trends in health service delivery and the effects of ethical, political, technical, economic, and legal factors on child health services.	YES								X
K23	Knows principles of leadership and role theory.	YES				X	X	X	X	
K24	Knows models and theories of supervision, change, group dynamics, orgoanizational development, and conflict resolution as a framework for program management	YES				X	X	X	X	X
K25	Knows basic principles of resource development & utilization of consultants	YES		X	X					X
S1	Ability to counsel and empower young children parents and colleagues, individually and in groups, in health promotion & health maintenance.	YES	indiv			X	X			
S2	Ability to assess the health needs of both the child and the family.	YES	Child Medical							

KSA #	Qualifications	REQUIRED	ADN	Dipl	BSN	MSW Clinical	BSW	BHEd	BCL
S4	Ability to establish an individualized family service plan that includes the family's strengths and needs related to enhancing the health status of the child and the family.	YES			X	X			
S5	Ability to coordinate health service delivery according to prioritized needs.	YES			X	coordinate			
S6	Ability to consult and collaborate with members of the community, especially the health community.	YES			X	X			
S7	Ability to delegate work and supervise others.	YES			X	X			X
S8	Ability to facilitate team building..	YES			X	X	X		
S9	Ability to collaborate, negotiate, decide on, or coordinate in working relationships.	YES			X	X	X		X
S10	Ability to communicate effectively verbally and nonverbally.	YES	X	X	X	X	X	X	X
S11	Ability to work with individuals of varying ethnic, cultural, socioeconomic backgrounds and genders.	YES	X	X	X	X	X	X	X
S12	Ability to manage data and record keeping.	YES	Records only	Records only	X	X	Records only	Records only	Records only
S13	Ability to manage time.	YES			X	X			
S14	Works to assure that the available child health delivery system is flexible, accessible, and responsive to family needs.	YES			X				
S15	Demonstrates the recognition and support for parental involvement in all aspects of the delivery of child health services.	YES	client only	client only	X	X			client only
A1	Attains self awareness of own values relative to parenting and health behaviors. .	YES			X	X		X	X

KSA #	Qualifications	REQUIRED	PA	BEChld Ed	BSpEd	ASSOCIATE DEGREE PROGRAMS Humn Srvc	PE Hlth Srvc Ldrshp	H Care Mgmt	H Srvc Mgmt	MPH MCH
S4	Ability to establish an individualized family service plan that includes the family's strengths and needs related to enhancing the health status of the child and the family.	YES								
S5	Ability to coordinate health service delivery according to priortized needs.	YES				X	X	X	X	
S6	Ability to consult and collaborate with members of the community, especially the health community.	YES	Medical			X	X	X	X	
S7	Ability to delegate work and supervise others.	YES		X						
S8	Ability to facilitate team building..	YES		X						
S9	Ability to collaborate, negotiate, decide on, or coordinate in working relationships.	YES		X						
S10	Ability to communicate effectively verbally and nonverbally.	YES	X	X	X	X	X	X	X	
S11	Ability to work with individuals of varying ethnic, cultural, socioeconomic backgrounds and genders.	YES			X	X	X		X	
S12	Ability to manage data and record keeping.	YES	Records only	X	Records only	X	X	X	X	X
S13	Ability to manage time.	YES	X	X		X	X	X	X	X
S14	Works to assure that the available child health delivery system is flexible, accessible, and responsive to family needs.	YES				X	X	X	X	
S15	Demonstrates the recognition and support for parental involvement in all aspects of the delivery of child health services.	YES	client only	X	client only	X	X	X	X	X
A1	Attains self awareness of own values relative to parenting and health behaviors.	YES		X	parental only	parental only				X

KSA #	Qualifications	REQUIRED	ADN	Dipl	BSN	MSW Clinical	BSW	BHEd	BCL
A2	Facilitates the development of self esteem by expressing respect and acceptance, and by treating all with dignity.	YES	X	X	X	X	X	X	X
A3	Accepts rights of parents and colleagues to their own philosophies, beliefs, mores, culture and life styles.	YES			X	X	X	X	
A4	Demonstrates patience, warmth, and caring in interaction, especially with young children.	YES	X	X	X	X	X	X	X
A5	Demonstrates flexibility, initiative, and a sense of humor.	YES	X	X	X	X	X	X	X
A6	Demonstrates honesty and openness in communication.	YES	X	X	X	X	X	X	X

KSA #	Qualifications	REQUIRED	PA	BEChld Ed	BSpEd	ASSOCIATE DEGREE PROGRAMS Humn Srvc	PE Hlth Srvc Ldrshp	H Care Mgmt	H Srvc Mgmt	MPH MCH
A2	Facilitates the development of self esteem by expressing respect and acceptance, and by treating all with dignity.	YES	X	X	X	X				X
A3	Accepts rights of parents and colleagues to their own philosophies, beliefs, mores, culture and life styles.	YES		X						X
A4	Demonstrates patience, warmth, and caring in interaction, especially with young children.	YES	X	X	X	X				X
A5	Demonstrates flexibility, initiative, and a sense of humor.	YES	X	X	X	X				X
A6	Demonstrates honesty and openness in communication.	YES	X	X	X	X				X

LEGEND

ADN.....Associate Degree in Nursing
DIP.....Diploma in Nursing
BSN.....Bachelor's Degree in Nursing
MSW.....Master's Degree in Social Work
BSW.....Bachelor's Degree in Social Work
BHEd.....Bachelor's Degree in Health Education
BCL.....Bachelor's Degree in Child Life
PA.....Physician's Assistant
MPH.....Master's Degree in Public Health
BECH.....Bachelor's Degree in Early Childhood Health
BSpEd.....Bachelor's Degree in Special Education
HumnSrvc.....Human Services
PE, HlthSrvc Ldrshp.....Physical Education, Fitness, Health Services Leadership
HSrvcMgmt.....Health Services Management

K17, K18, K19, K26, S16, and A7 are not included in this appendix.